State of California-Health and Human Services Agency
Department of Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

ARNOLD SCHWARZENEGGER
Governor

December 31, 2003 **CORRECTED VERSION**

CCS Information Notice No.: 03-19

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: NEW CCS HYPERTONICITY SPECIAL CARE CENTERS

The purpose of this notice is to inform counties of the development of a new type of CCS Special Care Center (SCC) called CCS Hypertonicity Centers. These new SCC Centers will serve children with CCS eligible conditions that result in hypertonicity of spinal or cerebral origin, which includes children with spasticity, dystonia or rigidity that cannot be managed by the CCS Medical Therapy Conferences (MTC). Unlike children served by the CCS Medical Therapy Unit (MTU) programs, children referred by CCS to the new Hypertonicity Centers must be CCS Program eligible.

In the next few weeks, tertiary centers and existing CCS approved rehabilitation programs will be invited to apply for CCS approval to be CCS Hypertonicity Centers (see enclosed cover letter). Review of all applications will be done centrally by State CMS staff and consultants. Applicants will be paper screened and those meeting standards will be given three years provisional approval until formal site visits can be performed.

Once these Centers are established and approved, county medical directors/consultants and State Regional Office staff in conjunction with the CCS MTU physicians will be able to refer appropriate children for either one-time evaluations or for on-going management. Generally, these children will continue to receive their physical and/or occupational therapy services in the CCS MTU even if their on-going management is being provided by the Hypertonicity Center.

If you have any questions or comments about the new CCS Hypertonicity Centers please contact Dr. Joan Dorfman, at jdorfman@dhs.ca.gov or (916) 327-2999.

Original Signed By Maridee A. Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

3.37 STANDARDS FOR HYPERTONICITY CENTERS

A. Hypertonicity Centers -- Definition

1. Hypertonicity is defined as a general term for increased resistance to passive stretch in a resting muscle. Subtypes of hypertonicity include spasticity, dystonia, and rigidity or a combination of these findings. (Reference Sanger et al, Pediatrics, Vol. 111, No. 1 January 2003, pp. E89-97.)
2. California Children's Services (CCS) approved Hypertonicity Centers are specified units located within CCS approved tertiary hospitals with CCS approved Pediatric Intensive Care Units (PICU) or special hospitals demonstrating equivalent expertise. These Centers provide comprehensive outpatient interdisciplinary services from relevant medical and allied health care professionals to physically handicapped children under 21 years of age who have CCS-eligible conditions that result in hypertonicity of spinal or cerebral origin that can not be managed by the CCS Medical Therapy Conference (MTC).
3. The Hypertonicity Center shall serve children from birth to 21 years of age who are financially, residentially and medically eligible for the CCS program. Children who are not financially eligible for the CCS program, but who have medical conditions that qualify for the CCS Medical Therapy Program shall not receive authorization from the CCS program to attend the Hypertonicity Center. These children may be seen privately at the Hypertonicity Center with funding from private insurance, self-pay or by other means.

4. The Hypertonicity Center shall serve CCS eligible children with brain or spinal cord lesions that result in hypertonicity or spasticity, rigidity, or dystonia when one or more of the following conditions exist:
   a. The care can not be managed by the MTC at a local CCS Medical Therapy Unit (MTU) and the CCS County Medical Consultant in conjunction with the CCS MTC physician or the CCS Regional Office Medical Consultant refers the child to the Hypertonicity Center for care.
   b. The musculoskeletal needs of the child can not be fully managed by local/focal interventions such as occupational therapy (OT), physical therapy (PT), botulinum toxin injection(s), oral medications, orthotics, serial casting or routine orthopedic procedures or when such interventions are not locally available.
   c. There is a need for multidisciplinary evaluation for possible interventions such as, but not limited to complex orthopedic procedures, selective posterior rhizotomy (SPR) or the placement of an intrathecal pump (IP) for spasticity.
5. The Hypertonicity Center may also serve CCS eligible children, at the discretion of the CCS County Medical Consultant or Regional Office Medical Consultant, with other Medical Therapy Program (MTP) eligible conditions or with similar conditions that might benefit from the services of a Hypertonicity Center.

B. Hypertonicity Centers--Program Standards

1. The Hypertonicity Center shall have a permanently assigned core team. The identified core team shall be responsible for the coordination of all aspects of patient evaluation and care, including coordination between the inpatient and outpatient departments of the hospital and

with the local CCS MTU. (See Professional Resources and Responsibilities Section E.)

2. Children referred to the Hypertonicity Center may be seen at the Center for (1) ongoing management, (2) one-time consultations, or (3) a specified intervention. The CCS authorization shall specify whether referral to the Hypertonicity Center is for ongoing management, consultation and/or a specific intervention.
3. For those children whose care will be ongoing, the Hypertonicity Center shall provide, at a minimum, an annual evaluation and team conference for each patient in which the patient and family (or caregivers) are invited to participate.
4. Children receiving ongoing management by the Hypertonicity Center shall receive OT and/or PT at the local CCS MTU unless there is insufficient staff at the MTU, there is no MTU within 30 miles of the child's residence, or the MTU is not equipped to provide the specialized modalities that the child requires. In these cases, the child may receive therapy at the Hypertonicity Center or through a local PT or OT provider. Children authorized to receive ongoing management by the Hypertonicity Center will not be seen at the CCS MTC.
5. For children whose care will be ongoing and who are receiving OT and/or PT treatment services at a frequency of one time or more per week, the Hypertonicity Center shall provide a core team examination and new therapy orders at a minimum of every six months. Children who are not receiving active PT and/or OT, i.e. being only monitored, shall receive a core team examination and new therapy orders at a minimum of every twelve months.
6. The Hypertonicity Center shall have a designated team dedicated to providing comprehensive evaluations for children referred for the management of hypertonicity of spinal or cerebral origin. Core team members shall consist of the Center medical director,

physical therapist, occupational therapist, nurse specialist, and medical social worker. (See Section E. Professional roles and Responsibilities.) Other pediatric subspecialists and allied health personnel shall be available for consultation as needed. The team shall:

a. Provide a team evaluation report that shall include, at a minimum, the following:
   1.) The physical findings including a description of the muscle groups affected by hypertonicity, spasticity, dystonia, or rigidity
   2.) The functional skills of the child related to mobility and activities of daily living
   3.) All interventions previously attempted and related outcomes
   4.) A discussion of all relevant intervention(s) considered and the rationale for the choice of recommended treatment and anticipated goals
   5.) Documentation of parental or care giver understanding and support for the recommended treatment, and
   6.) Recommendations and prescriptions as appropriate for adjunctive and follow-up needs including PT and/or OT, positioning, bracing, durable medical equipment, or surgery
   7.) A list of concomitant problems that could impact the provision of care to the child.

b. Be responsible for assessing children who are candidates for specialized surgical procedures for the management of hypertonicity, such as, but not limited to, SPR or the placement of an IP. Selective Posterior Rhizotomy and IP procedures shall be approved for CCS eligible children only upon the recommendation of a Hypertonicity Center.

c. Have a designated Surgical Implantation Team (SIT). The SIT shall be responsible for assessing, and as appropriate, providing interventional services to children recommended

by the core team as appropriate candidates for IP. Members of the SIT team shall include at least one of the following CCS paneled physicians: a neurosurgeon or anesthesiologist. A pediatric neurologist and orthopedist shall also be available on staff for consultation. (See Section E. Professional roles and Responsibilities.)

d. Provide follow-up after surgical implantation of intrathecal pumps, including:
   1.) An annual examination
   2.) The prescription of post-operative PT and OT, orthotics, and durable medical equipment as medically necessary
   3.) The provision of written documentation to family/care giver and community based medical providers for the handling of pump related emergencies
   4.) Identifying, verifying the training, and monitoring community based providers who may perform pump refills and manage medical emergencies between team evaluations.
e. Submit annual and periodic team reports to CCS and to the primary care physician.
f. Transition the child to appropriate health care resources for ongoing pump management when the child is no longer eligible for CCS services.

7. The Hypertonicity Center may provide recommendations to the CCS program for the use of botulinum toxin in children referred for the management of hypertonicity. Children who meet the following criteria, must be evaluated by the Hypertonicity Center before the CCS program will provide authorization for botulinum toxin:
   a.) the child is less than 18 months old, or
   b.) two injection sessions have been administered in the same extremity within the past 12 months and additional injections have been requested, or

c.) the CCS MTC team is uncertain about the appropriateness of botulinum toxin injection.

8. Selective Posterior Rhizotomy shall be authorized only upon recommendation of a Hypertonicity Center. Facilities wishing to be approved to perform SPR must have a CCS approved Hypertonicity Center and have staff with demonstrated proficiency in the provision of this procedure. Application to be approved to provide SPR should be made to the California Department of Health Services as noted in D. 1. below.
9. SPR teams or neurosurgeons not in facilities with CCS approved Hypertonicity Center may be approved if:
   a. There is a formal signed agreement with a CCS approved Hypertonicity Center that includes provisions for timely sharing of information and follow-up care, including the management of the post-operative course.
   b. The members of the SPR team are CCS paneled
   c. The SPR team operates in a CCS approved Tertiary Hospital with a CCS approved PICU.
10. The members of the SPR surgical team shall include the following CCS paneled providers:
    a.) a pediatric neurosurgeon with SPR experience
    b.) an electrophysiologist with experience in intra-operative monitoring
    c.) a pediatric anesthesiologist
    d.) a social worker
    e.) a nurse specialist
    f.) a physical therapist, and

g.) an occupational therapist, and orthopedic surgeon and pediatric neurologist with extensive experience in the management of cerebral palsy available for consultation.

11. Children whose rehabilitation needs can be met by local CCS MTC shall not receive services at Hypertonicity Center. When the rehabilitation needs of the child can not be met by the MTC, the CCS County Medical Consultant in conjunction with the MTC physician or the CCS Regional Office may refer the child to the Hypertonicity Center. Children may not be managed by the CCS MTC at the same time they are under the management of an Hypertonicity Center except in the case of children referred by the CCS program to a Hypertonicity Center for a consultation on the management of hypertonicity, dystonia, rigidity or spasticity. When the expertise of the Hypertonicity Center is no longer required, the management of the child's rehabilitation services will be returned to the local MTC. Disagreements regarding where care should be obtained shall be resolved by the Medical Consultant in the local CCS office or State CMS Regional Office.
12. Hypertonicity Center services must be directed at one or more of the following :
    a. Improved physical function such as, but not limited to, increased mobility, increased motor control, improved speed, improved posture, or enhanced ability to perform activities of daily living
    b. Improved tolerance or increased independence in hygiene care
    c. Improved tolerance for use of a medically necessary positioning device, brace, or splint
    d. Relief of pain
    e. Avoidance or postponement of surgical intervention

C. Hypertonicity Centers-- General Requirements

1. A hospital with a Hypertonicity Center wishing to participate in the CCS program for the care of infants, children, and adolescents shall be licensed by the Department of Health Services, Licensing and Certification Division under Title 22, California Code of Regulations, Division 5, as:
    a. An Acute general hospital as defined in Article 1, Sections 70003 and 70005
    b. A Rehabilitation Unit as defined in Sections 70595 - 70603
2. The hospital must have an organized department providing rehabilitation services that involves in-patient and outpatient care, and OT and PT.
3. Changes in professional staff whose qualifications are incorporated into any portion of these standards shall be reported to CCS within 30 days of occurrence; updates of all core team members and designated consultants shall be submitted to the CCS program, at a minimum, on an annual basis.
4. Both Hypertonicity Center and local professional staff providing care to CCS children shall be paneled according to the standards for panel participation established by the State CCS program.
5. All children with CCS eligible conditions under 21 years of age shall be referred to the local CCS program for determination of medical, financial and residential eligibility prior to the Center rendering services.
6. The Hypertonicity Center shall provide copies of medical records, individual and summary Hypertonicity Center team reports, transition plans, statistical reports and other information within 30 days of request by the CCS program.

7. The Hypertonicity Center shall provide services in a manner that is family oriented and culturally sensitive including the provision of translators and written materials.
8. The Hypertonicity Center shall permit CCS staff to visit and monitor to assure ongoing compliance with CCS standards.
9. The Hypertonicity Center shall assist and cooperate with the on-site utilization review by CCS staff of services provided to CCS eligible children.
10. The Hypertonicity Center shall submit to CCS, on a yearly basis as requested, statistical information in a CCS approved format. If requested, the Hypertonicity Center shall utilize testing tools for assessing severity scores and outcome measures as recommended by the State CCS program.

D. Hypertonicity Centers--Approval Procedure

1. A Hypertonicity Center wishing to participate in the CCS program should request an application from:

   California Department of Health Services
   Chief, Children's Medical Services Branch
   MS 8100
   P.O. Box 997413
   Sacramento, CA 95899-7413

2. Facilities whose application meets general and staffing requirements shall be scheduled for an on-site visit by State Children's Medical Services Branch professional staff, which may be augmented by consultants in the field of Pediatric Physical Medicine and Rehabilitation.
3. The facility shall have been in continuous operation for at least six months prior to approval

by CCS.

4. The facility shall accept CCS clients regardless of race, color, religion, national origin, ancestry or economic status of the family.
5. The facility shall accept referral of CCS patients including patients who are Medi-Cal and Healthy Families beneficiaries with services authorized by CCS.
6. Approval shall be based on compliance with CCS standards, the on-site review of procedure manuals, medical charts, facilities, patient care outcomes, and the demonstration of community need.
7. Approval may be denied if a determination is made that there is not a community need based upon geographic considerations and a caseload that is sufficient to maintain proficiency in the care of sick infants, children and adolescents. The CCS program may consult with other divisions or branches within the Department of Health Services, such as the Licensing and Certification Division to determine community need.
8. The Hypertonicity Center shall be subject to re-evaluation at no less than five-year intervals and more often if indicated.
9. Failure to abide by the regulations, policies, and procedures governing the CCS program may justify the removal of the facility from the list of CCS approved centers.
10. Exclusions:
    a. Facilities that are formally and involuntarily excluded from participation in programs of federal and state agencies shall be automatically excluded from participation in the CCS program.
    b. A facility may also be excluded by the CCS program for:

1.) Failure to successfully complete the CCS approval process

2.) Inadequate and/or untimely addressing of deficiencies identified during a CCS site visit

3.) Loss of Joint Commission of Accreditation of Healthcare Organizations accreditation

4.) Failure to abide by the regulations and procedures governing the CCS program.

E. Hypertonicity Centers--Professional Resources and Responsibilities

1. There shall be a core team that meets regularly to evaluate patients, to initiate or modify care plans, and to perform other functions as needed to provide on-going, multidisciplinary care. The personnel on the core team should be assigned to the team on a permanent basis. The core team and members responsibilities shall consist of the following:

   a. A medical director, who shall be a CCS paneled physician that is either a pediatric physiatrist with American Board Certification in Physical Medicine and Rehabilitation or pediatrician, pediatric orthopedist, or pediatric neurologist with equivalent training and experience in hypertonicity and related disorders. If the Center director is not a pediatrician, one shall be assigned to the core team and shall be responsible for coordinating and managing the complex medical conditions associated with the CCS eligible condition(s). The Hypertonicity Center medical director shall be responsible for:

      1.) The overall care provided in the Hypertonicity Center

      2.) Assuring the training, qualifications, and experience of team members and consultants

      3.) Participation in the development, review, and assurance of the implementation of the Center policies and procedures

4.) Assuring that all CCS eligible patients are referred to the local CCS program in a timely manner

5.) Assuring that team conference reports and other periodic evaluation and treatment reports are submitted to the CCS program, the child's local CCS MTU, appropriate specialist's involved in the child's care, the patient and/or family and to the patient's primary care provider

6.) Assuring the supervision of quality control and quality assessment activities

7.) Assuring an organized system for coordinating inpatient and outpatient care to assure cooperation among Center staff, integration of services, readily accessible patient information, and the maintenance of CCS standards of care irrespective of the place of service

8.) Participating in the evaluation of children referred for the management of hypertonicity

9.) Participating in the management of children receiving an intrathecal pump for the management of spasticity

b. A Center coordinator, who may be the Center medical director or any member of the core team, who shall be responsible for:

1.) Assuring that CCS authorizations are obtained prior to services rendered

2.) Routing copies of the authorization(s) to the appropriate team member who will be involved in the patient's care

3.) Assuring that needed consultations and recommended services are arranged

4.) Assuring that case conferences are held

5.) Assuring coordination of services and communication with the local MTU when appropriate

6.) Coordination between the SIT and the SPR team if the SPR team is located at a different facility, and

7.) Assuring team report preparation and distribution

c. A CCS paneled nurse specialist in rehabilitation (See Chapter 3.12 CCS Standards) who shall be responsible for:

1.) Performing and documenting the nursing assessments

2.) Developing a plan of nursing care

3.) Facilitating and monitoring compliance with such care

4.) Reinforcing the medical plan with the family/patient or care giver

d. A CCS paneled medical social worker (See Chapter 3.81 CCS Standards) who shall be responsible for the psychosocial aspects of the patient's disease, for defining a care plan for each patient/family, and for coordinating care with other agencies.

e. A CCS paneled physical therapist who shall be responsible for the assessment of gross motor function, strength, range of motion, mobility, and equipment needs (See Chapter 3.11 CCS Standards).

f. A CCS paneled occupational therapist who shall be responsible for the assessment of activities of daily living, fine motor skills, strength, range of motion, motor control, sensory awareness, and equipment needs (See Chapter 3.10 CCS Standards).

2. There shall be a regularly available group of CCS paneled consultant specialists/ sub-specialists appropriate for the treatment of children with physical disabilities and their

complications who shall be listed in the CCS Center directory and who shall participate in the Center activities as necessary. These shall include, but not be limited to, CCS paneled physicians in the following pediatric subspecialties: neurology, orthopedics, psychiatry, pulmonology, gastroenterology, nephrology, urology, genetics, otolaryngology, ophthalmology, cardiology, endocrinology and neurosurgery. In addition, there shall be a physician who specializes in Adolescent Medicine or who is Board Certified in Internal Medicine to assist with the management of adolescents and young adults.

3. There shall be allied health personnel regularly available for consultation, counseling and/or treatment. These allied health personnel shall be listed on the Center directory and shall participate in Center activities as necessary. Allied health professionals who are CCS paneled (as applicable) shall include, but are not limited to, respiratory care practitioners, speech-language pathologists, and dietitians.
4. The following shall also be provided, as necessary, by facility staff or by formal affiliation or consultation:
    a. Psychological services, including neuropsychological evaluation by a CCS paneled provider
    b. Orthotic and/or prosthetic consultation by a CCS paneled provider
    c. Audiology services by a CCS paneled provider
    d. Durable medical equipment consultation

F. Hypertonicity Centers--Facilities and Equipment

1. A reception area shall be available with adequate seating for patients and families that contains toys and reading material appropriate for the ages of patients served.

2. Adequate space shall be available for the provision of private and confidential individual medical examinations, PT and OT assessments, social work, nursing, nutrition and other appropriate professional assessment, treatment, and counseling services. The space shall be equipped to meet established standards for each professional service it provides.
3. Standardized equipment, calibrated within the past year when appropriate, shall be available to provide anthropomorphic measurements appropriate for the ages and physical condition of the children served.
4. Rooms and play space shall be suitable for children of all ages up to the age of 21 years. These same areas, including bathroom facilities, shall be adequately adapted to serve children, adolescents or youths of all ages with physical disabilities.
5. All routine tests necessary for differential diagnosis and treatment, including x-rays, as well as specialized tests and procedures for children with physically disabling conditions shall be available at the facility.
6. Adequate well-maintained equipment and medications shall be immediately available to deal with all medical emergencies likely to arise in the care of children up to the age of 21 years, who may be seen in the Hypertonicity Center.
7. Housing arrangements shall be available for parents and family members of children who come from long distances.
8. Pharmacy services shall be readily available.

G. Hypertonicity Centers--Policies and Procedures

1. The Center shall have duty statements for each core team member.
2. The Center shall have written policies covering:

a. Intake, including referral, initial family/care giver contact, appointments, and contact with the referring physician and/or primary care physician and the CCS MTU.
b. Transition of care back to the MTC and local health care providers when the child is seen for consultation or single intervention, or when ongoing care by the Hypertonicity Center is deemed no longer necessary.
c. Ongoing treatment by the Center, including the scheduling of return visits on at least an annual basis, procedures for team conferences, family participation in developing the care plan, maintenance of the outpatient chart, documentation of services, case closure, and in-patient admissions.
d. Follow-up including coordination of care and services (both in-patient and outpatient), non-emergency transportation, missed appointments and the provision of resources for training the community based providers for IT pump refills and emergency care, and the training of the patient's primary care physician.
e. The transfer of any patient who becomes acutely ill or medically unstable to the appropriate CCS approved hospital.
f. The transition of adolescent patients into appropriate adult settings. The policy should include annual transition planning which should begin when the child is 15 years of age. The transition planning should include the participation of parents and/or caretakers and the child. The transition planning should address at a minimum: ongoing transportation issues, current and future educational needs, independent living capabilities, identification of potential adult health care providers, advocacy and insurance needs. Six months prior to achieving the age of 21 years, all physicians' orders including

assessment of equipment needs should be reviewed and ordered as medically necessary and appropriate.

g. A written transition plan if the family/patient moves or becomes ineligible for CCS services. This plan should include the identification of alternative resources and consents for the release of information as well as an emergency care plan that lists current medications and dosages. A copy of this plan must be provided to the family.

h. The medical transport of patients, particularly patients who are tracheostomy or ventilator dependent, who must be accompanied by trained personnel such as a registered nurse.

3. For children seen on an ongoing basis, the Center shall be responsible for providing initial and periodic evaluations, at least annually, including chart review, by each discipline represented on the core team or more frequently as required by the child's medical condition.
4. The Hypertonicity Center shall have team conferences, including patient and parents, or other caregivers as appropriate, to coordinate decision making and health care services identified by team members, allied health professionals and parents/caregivers as needed.
5. The Hypertonicity Center have provisions for the timely transcription and dissemination of medical records.
6. The Center shall develop a policy for family centered, culturally competent care to include:
   a. Developing with patient and parent, legal guardian, or caregiver input, a written plan of care. The plan of care shall provide, as appropriate, for continuity of care and services between individual team members, the Hypertonicity Center, inpatient and outpatient

services, MTP, community healthcare providers, and other community agencies such as schools and regional centers. The plan of care shall include the individuals responsible for each component of care. A copy of the plan shall be provided to the patient or parents/guardian/care givers, primary care physician, and MTC as appropriate.

b. Assessing the satisfaction of parents and youth

c. Initiating a formal mechanism for parent and youth input into the policies and practices of the Center

d. Providing full and unbiased information to parents and youth including offering copies of team reports.

7. Planning should focus on developing a plan of care that includes meeting patient/family needs, should consider the adequacy and utilization of community resources for on-going care, and should lead to the delivery of comprehensive services for the child including collaboration with the patient's local primary care physician.

8. Each team conference shall generate a composite report for CCS consisting of a summary medical evaluation by the medical director or physician designee, as well as the individual assessments and recommendations. The composite report shall include a care plan that has been approved by the medical director. The care plan should include anticipated treatment for the next six to twelve months that may require separate CCS authorizations including, but not limited to: OT and PT services, durable medical equipment needs, orthotics, special consultations, local provider services, hospitalizations, outpatient procedures/surgeries, and MRI scans. The composite report shall include documentation of the patient's/families involvement in the care plan. In addition to the composite report, each

person who bills for an individual assessment shall submit an individual report. Both individual and composite reports shall be submitted, following each comprehensive evaluation, to the county CCS program or CMS Branch Regional Office for those children who reside in a CCS dependent county.

9. There shall be referral to the State Department of Rehabilitation as appropriate.

H. Hypertonicity Centers--Authorization for services

1. The Hypertonicity Center must have authorization from CCS prior to rendering any service for which a claim is to be submitted to CCS.
2. CCS program eligibility for treatment services requires local CCS determination of residential, financial, and medical eligibility. Once a diagnosis is established and medical and program eligibility for the CCS program has been determined by the local CCS program, written authorization for ongoing Hypertonicity Center treatment services can be issued.
3. Written authorization to the Hypertonicity Center director for CCS treatment services will cover all outpatient evaluations by Center team members (except as noted in 4. below). Requests for extensions for authorizations should be directed to the local CCS program or Regional Office for dependent counties.
4. The treatment authorization shall cover:
   a. Initial and periodic comprehensive outpatient team evaluations and case conferences by CCS paneled Hypertonicity Center core team members and other specialty consultants who are listed in the Hypertonicity Center directory.
   b. Initial and repeat assessments and evaluations by core team healthcare professionals listed in the Center directory when determined to be medically necessary by the

Hypertonicity Center core team physicians.

c. Medically necessary outpatient healthcare services related to the management of the child's CCS-eligible condition, except those requiring specific prior authorization in accordance with CCS policy (e.g. injection of botulinum toxic for the management of spasticity or rigidity, IP, or SPR) when prescribed by a CCS-paneled team physician listed in the Hypertonicity Center directory.

d. Outpatient laboratory and/or radiology services related to the child's CCS medical condition, except those requiring specific prior authorization in accordance with CCS program policy (e.g. MRI, PET scan) when ordered by a Hypertonicity Center core team physician.

5. Medically necessary healthcare services not covered by the Hypertonicity Center treatment authorization require separate requests for each service and separate service authorizations. These include:

   a. Services provided by a specialty consultant or other healthcare professional who is not listed in the CCS Hypertonicity Center directory

   b. Surgical procedures (done either on an in-patient or outpatient basis)

   c. Durable medical equipment

   d. Orthotics

   e. Medical supplies

   f. Drugs and diagnostic studies requiring specific prior authorizations (such as MRI and PET scans)

   g. Inpatient hospital admissions

h. Any PT or OT treatment services that are to be provided by the Hypertonicity Center therapists.

6. Once treatment is started, if care is authorized to a local physician in conjunction with the Hypertonicity Center team, the child must be seen at least one time per year by the Hypertonicity Center for a comprehensive evaluation and for an update of a coordinated plan of care until such time as the child no longer requires the specific expertise of the Center.
7. Services provided by health care professionals listed on the Center directory as consultants, beyond the assessment and evaluation recommended by the team conferences, require prior authorization. These requests shall specify services needed, number of visits and duration, and include a medical justification. Extensions may be granted when indicated based on submitted medical justification.

I. Hypertonicity Centers – Payment of Services

1. Payment for services at the Center will be made in accordance with Chapter 5.12 of the CCS Manual of Administrative Procedures and the State Schedule of Maximum Allowances.
2. Reimbursement for Hypertonicity Center services for eligible children requires that the appropriate county CCS program or Regional Office has authorized Center care for the patient.
3. CCS Hypertonicity Center services are reimbursable only to CCS approved Center providers listed in the directory of the Center authorized to provide services to the CCS eligible child. Providers rendering CCS Center services to CCS/Medi-Cal eligible children must be enrolled as Medi-Cal providers. Until notified by CMS, they must also be enrolled as CCS

"CGP" providers in order to file for services provided to CCS-only children, children enrolled in Healthy Families, and for services that are not Medi-Cal benefits.

4. Claims for reimbursement shall be submitted using the appropriate form. The appropriate forms and Health Care Financing Administration Common Procedure Coding System (HCPCS) Level III codes for CCS Special Care Center services, payable by Medi-Cal as EPSDT Supplemental Services for CCS/Medi-Cal eligible children or by CCS for CCS for CCS-eligible children who are not eligible for Medi-Cal, are listed in CCS Numbered Letter: 08-0900, CCS Special Care Center Services.
5. The Hypertonicity Center must bill CCS within:
   a. Six months of the month of service if there is no third party insurance coverage
   b. Six months from the date of receipt of insurance payment including an explanation of benefits from the insurance carrier or
   c. Twelve months from the date of service if an insurance carrier fails to respond or there is a notice of insurance rejection.
6. Where capacity exists, CCS may request electronic submission of claims.
7. The Center must accept payment in accordance with state regulations as payment in full, not bill families in whole or in part for a CCS-covered benefit, and not question families regarding their ability to pay for CCS-covered services.